

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FG PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10	0							60					
11	0							61					
12	0							62					
13	0							63					
14								64					
15								65					
16								66					
17								67					
18								68					
19	2							69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.													
TOTAL CLAIMS													
	20												

BEST AVAILABLE COPY